



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 29 Number 02

<http://www.dss.mo.gov/dms>

July 10, 2006

ELECTRONIC INVOICE OF COST BULLETIN

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ELECTRONIC INVOICE OF COST ATTACHMENT

The invoice of cost attachment has been made available to providers through the Medicaid Internet health care claims screens at www.emomed.com. Instructions on the completion of this attachment are available through the "Help" feature. Providers may begin using the electronic invoice of cost attachment immediately.

FEATURES OF THE ELECTRONIC INVOICE OF COST ATTACHMENT

The following are features of the invoice of cost attachment:

- The electronic invoice of cost attachment allows providers to electronically submit claims that require an invoice of cost.
- The information provided on the invoice of cost attachment is specific to the individual claim it is submitted with.
- The invoice of cost attachment must be completed with each claim/line item resubmission.
- The invoice of cost attachment may be applicable to one, multiple or all lines of the claim as specified by the submitter.
- Each invoice of cost attachment may have multiple items specified.
- Each line of a claim may have multiple invoice of cost attachments.
- The item description on the invoice of cost attachment must contain the total number of units of the item being dispensed if the unit field of the claim form does not clearly indicate the total units supplied.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896